

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

Application or Docket Number

10/623537

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 9            |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 9 minus 20 = | 0                        |
| INDEPENDENT CLAIMS               | 1 minus 3 =  | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |   |
|---|----------------------------------|------------------------------------|---------------|---|
|   |                                  |                                    | MINUS         | = |
| Total   | 9                                | Minus                              | 20            | = |
| Independent   | 2                                | Minus                              | 3             | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |   |

| SMALL ENTITY TYPE |        | OTHER THAN OR SMALL ENTITY |        |
|-------------------|--------|----------------------------|--------|
| RATE              | FEES   | RATE                       | FEES   |
| BASIC FEE         | 375.00 | OR BASIC FEE               | 750.00 |
| X\$ 9=            |        | OR X\$18=                  |        |
| X42=              |        | OR X84=                    |        |
| +140=             |        | OR +280=                   |        |
| TOTAL             |        | OR TOTAL                   |        |

| SMALL ENTITY     |                | OTHER THAN SMALL ENTITY |                |
|------------------|----------------|-------------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                    | ADDITIONAL FEE |
| X\$ 9=           |                | OR X\$18=               |                |
| X42=             |                | OR X84=                 |                |
| +140=            |                | OR +280=                |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE     |                |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |   |
|---|----------------------------------|------------------------------------|---------------|---|
|   |                                  |                                    | MINUS         | = |
| Total   | 9                                | Minus                              | 20            | = |
| Independent   | 2                                | Minus                              | 3             | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |   |

| RATE ADDITIONAL FEE |  | RATE ADDITIONAL FEE |  |
|---------------------|--|---------------------|--|
| X\$ 9=              |  | OR X\$18=           |  |
| X42=                |  | OR X84=             |  |
| +140=               |  | OR +280=            |  |
| TOTAL ADDIT. FEE    |  | OR TOTAL ADDIT. FEE |  |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |   |
|---|----------------------------------|------------------------------------|---------------|---|
|   |                                  |                                    | MINUS         | = |
| Total   | 9                                | Minus                              | 20            | = |
| Independent   | 2                                | Minus                              | 3             | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |   |

| RATE ADDITIONAL FEE |  | RATE ADDITIONAL FEE |  |
|---------------------|--|---------------------|--|
| X\$ 9=              |  | OR X\$18=           |  |
| X42=                |  | OR X84=             |  |
| +140=               |  | OR +280=            |  |
| TOTAL ADDIT. FEE    |  | OR TOTAL ADDIT. FEE |  |

6-29-04

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.